

PAGE 1 of 2 including this cover sheet FAX TRANSMITTAL SHEET

FROM: Frank and Helen Luciano

DATE: August 24, 2012

FAX NUMBER 803-396-8882 Please call 803-396-8882, if all pages are not received.

TO: Public Service Commission of South Carolina 1011 Executive Center Dr. Suite 100 Columbia, SC 29210

FAX: 803-896-5199

SUBJ: Your Docket Number 2012-177-WS Complaint Form

TEXT: Please see attached completed Complaint Form

Thanks for your help

Frank and Helen Luciano

Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



Phone: 803-896-5100 Fax: 803-896-5199 www.psc.sc.gov

	Complaint Form	Print
Date: August 24,	2012	
Complainant or	Legal Representative Information: * Required Fields	
Name *	Frank Lee Luciano	
Firm (if applicable)	N/A	
•	12030 Spinnaker Drive	
City, State Zip *	Tega cay SC 29708 Phone * 803-396-8882	
E-mail *	luciano@comporium.net	······································
Name of Utility	Involved in Complaint: *	
	T&T is the utility involved, please complete the attachment located at the end of this form.	
Type of Complain	nt (check appropriate box below.) *	
☑ Billing Error/A☑ Disconnection☑ Service Issue☑ Other (be speci:	of Service Payment Arrangements Water Quality Line E. Meter Issue	to Connect Service ktension Issue
Have you contacte	d the Office of Regulatory Staff (ORS)? * Yes No Name of ORS Contact:	
Concise Stateme	nt of Facts/Complaint: * (This section must be completed. Attach additional information to this pa	10
Tega Cay Water	Service is requesting a rate adjustment of 43.87%!	ge if necessary.)
There are severe	limitations to water line flushing and fire fighting capability because there are too few hydrant	s in our system.
A "black gunky"su	bstance continually appears in our water faucets.	
iale payment lees	ad two billing problems with this organization. Specifically, I have been set dunning letters to or disconnection of my water service. I pay by having the TCWS, Inc. directly debiting my clean I make it for them to get their payment? If they can not get their money when it is waiting orly managed.	
Relief Requested:	* (This section must be completed. Attach additional information to this page if necessary.)	
Denial of any and	all proposed rate increases.	
TATE OF SOUTH)	
COUNTY OF Yo	rk)	Internal Use Only
Compla	inant's Name * August 24, 2012	ocessed By Date
nd know the content	s thereof, and that said contents are true. Complainant Signature	E.